

**7.0 POSITIVE PREGNANCY TEST RESULTS & COUNSELING SERVICES**

TITLE	DESCRIPTION
DEFINITION:	<p>Pregnancy testing is a common reason for a client to visit a family planning clinic.</p> <p>Pregnancy testing and counseling services are part of the core family planning services as outlined in <i>Providing Quality Family Planning Services</i>. Pregnancy diagnosis and counseling must be provided to all clients in need of this service.</p>
SUBJECTIVE:	<p><b>May Include:</b></p> <ol style="list-style-type: none"> <li>1. LMP including menstrual history, gravida, and parity.</li> <li>2. Prior contraceptive use, sexual health assessment, and reproductive life plan.</li> <li>3. Symptoms of pregnancy which may include nausea/vomiting, breast tenderness, fatigue, urinary frequency, bloating, and/or mood changes.</li> <li>4. Past medical, obstetrical, social, and family history.</li> <li>5. Current medication, herbal medication and/or vitamins.</li> <li>6. Allergies.</li> <li>7. Tobacco, alcohol, and/or recreational drug use.</li> <li>8. Depression/anxiety.</li> <li>9. Intimate partner violence (IPV).</li> <li>10. Travel to Zika afflicted areas.</li> </ol>
OBJECTIVE:	<p><b>May Include:</b></p> <ol style="list-style-type: none"> <li>1. Height and weight, BMI.</li> <li>2. BP.</li> <li>3. Pelvic assessment for gestational age, as indicated.</li> </ol>
LABORATORY:	Sensitive positive pregnancy test.
ASSESSMENT:	Pregnancy.
PLAN/EDUCATION:	<ol style="list-style-type: none"> <li>1. Review findings of positive pregnancy test with client with Estimation of Gestational Age (EGA) and Estimated Date of Delivery (EDD) by LMP and/or pelvic assessment. <b>Must document the EGA and EDD.</b></li> <li>2. If there is question of gestation age by LMP may do pelvic assessment as indicated.</li> <li>3. All options counseling <b>must</b> be offered to pregnant women. The opportunity must be provided for information and counseling regarding each of the following options: <ol style="list-style-type: none"> <li>a. Prenatal care and delivery.</li> <li>b. Pregnancy termination.</li> <li>c. Infant care, foster care, or adoption.</li> </ol> </li> </ol> <p><b><u>*Women may decline information about option(s). Document if the client declines counseling.</u></b></p> <ol style="list-style-type: none"> <li>4. Discuss exposure to Zika.</li> </ol>

TITLE	DESCRIPTION
	<ol style="list-style-type: none"> <li>5. Discuss diet, nutrition and exercise.</li> <li>6. Discuss immunization status and CDC recommendations during pregnancy.</li> <li>7. Advise client to discuss any medications she is taking with her provider.</li> <li>8. Encourage client to discuss birth control options with her provider.</li> <li>9. Prenatal care counseling includes but not limited to:               <ol style="list-style-type: none"> <li>a. Diet/folic acid at least 0.4 mg to 0.8 mg in prenatal vitamin daily.</li> <li>b. Review OB warnings for symptoms of ectopic pregnancy and client <b><u>must</u></b> be referred for immediate evaluation.</li> <li>c. Provide or refer for any needed STI screening (including HIV), and vaccinations.</li> <li>d. Avoid tobacco, alcohol, and recreational drugs.</li> <li>e. Tobacco cessation referral offered.</li> <li>f. Provide referral for substance abuse programs as indicated.</li> <li>g. Review environmental exposures, hazards, toxins and any medications that are known teratogens.</li> <li>h. Review genetic counseling and testing, with referral to available services.</li> <li>i. Assess client's social support including partner, family, friends, and clergy, with referral to appropriate counseling or other supportive services as needed.</li> <li>j. Screen for any evidence of intimate partner violence and provide referral to intervention services.</li> <li>k. Screen for depression and risks for suicide, provide referral as warranted.</li> </ol> </li> <li>10. All adolescent counseling must include:               <ol style="list-style-type: none"> <li>a. Abstinence.</li> <li>b. Avoid sexual coercion.</li> <li>c. Encourage family involvement.</li> </ol> </li> <li>11. Document client verbalizes understanding of provided information.</li> <li>12. RTC clinic PRN if any additional questions or concerns.</li> </ol>
REFERRAL TO MEDICAL PROVIDER:	<ol style="list-style-type: none"> <li>1. For prenatal care with instruction first routine visit 8-10 weeks. May vary per physician's recommendation and client should contact the doctor's office sooner for evaluation if undetermined gestation age.</li> <li>2. Any problems should be evaluated ASAP by medical provider.</li> </ol>
REFERENCES:	<ol style="list-style-type: none"> <li>1. <i>Centers For Disease/Providing Quality Family Planning Services, Vol. 63, No. 4, April 25, 2014.</i></li> </ol>